

**QUARTERLY STATEMENT**

**OF THE**

**UAHC HEALTH PLAN OF TENNESSEE INC**

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**of** **MEMPHIS**

**in the state of** **TENNESSEE**

**TO THE**

**Insurance Department**

**OF THE**

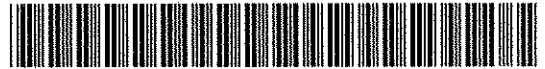
**STATE OF TENNESSEE**

**FOR THE QUARTER ENDED**

**September 30, 2007**

**HEALTH**

**2007**



00000200720100103

## HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2007  
OF THE CONDITION AND AFFAIRS OF THE  
UAHC Health Plan of Tennessee

NAIC Group Code 0000 0000 NAIC Company Code 00000 Employer's ID Number 62-1547197  
(Current Period) (Prior Period)  
Organized under the Laws of TN, State of Domicile or Port of Entry TN  
Country of Domicile US  
Licensed as business type: Life, Accident & Health ☐ Property/Casualty ☐ Hospital, Medical & Dental Service or Indemnity ☐  
Dental Service Corporation ☐ Vision Service Corporation ☐ Health Maintenance Organization ☐  
Other ☐ Is HMO Federally Qualified? YES ☐ NO ☐  
Incorporated/Organized: October 6, 1993 Commenced Business: January 3, 1994  
Statutory Home Office: 1769 Paragon Suite 100 Memphis, TN 38132  
Main Administrative Office: 1769 Paragon Suite 100 Memphis, TN 38132 901-348-2201  
Mail Address: 1769 Paragon Suite 100 Memphis, TN 38132  
Primary Location of Books and Records: 1769 Paragon Suite 100 Memphis, TN 38132 901-348-2201  
Internet Website Address: N/A  
Statutory Statement Contact: Stephen Harris 000-000-0000  
sharris@uahc.com 901-348-2212  
Policyowner Relations Contact: 1769 Paragon Suite 100 Memphis, TN 38132 000-000-0000

## OFFICERS

Name	Title
1. <u>Stephanie Dowell</u>	<u>Chief Executive Officer</u>
2. <u>Stephen Harris</u>	<u>Chief Financial Officer</u>
3. _____	_____

## Vice-Presidents

Name	Title	Name	Title
<u>Myla Johnson</u>	<u>Vice-President Medical Services</u>	<u>Stacy Hill</u>	<u>Vice-President MIS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## DIRECTORS OR TRUSTEES

<u>Stephanie Dowell</u>	<u>Stephen Harris</u>	<u>Tom Goss</u>	<u>Samuel King</u>
<u>Grover Barnes M.D.</u>	<u>Julius V. Combs, M.D.</u>	<u>Griselle Figueredo, M.D.</u>	<u>Lloyd Robinson</u>
<u>Logan Miller M.D.</u>	<u>Neal Beckford M.D.</u>	<u>Stan Sawyer</u>	<u>William Brooks</u>
<u>Alvin King</u>	<u>Ricky Wilkins</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State of TN  
County of SHELBY ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Stephanie Dowell  
(Signature)

Stephanie Dowell  
(Printed Name)

1.  
Chief Executive Officer  
(Title)

Stephen Harris  
(Signature)

Stephen Harris  
(Printed Name)

2.  
Chief Financial Officer  
(Title)

(Signature)

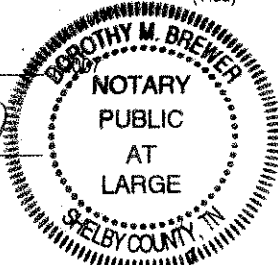
(Printed Name)

3.

(Title)

Subscribed and sworn to before me this  
30th day of NOVEMBER

Dorothy M. Brewer



a. Is this an original filing? YES ☒ NO ☐  
b. If no: 1. State the amendment number \_\_\_\_\_  
2. Date filed 11/30/2007  
3. Number of pages attached 34

MY COMMISSION EXPIRES:  
December 30, 2007

## ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	9,552,121		9,552,121	7,445,153
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ 0 encumbrances)				
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 6,827,505 ), cash equivalents (\$ 0 ) and short-term investments (\$ 525,709 )	7,353,214		7,353,214	1,822,987
6. Contract loans (including \$ 0 premium notes)				3,025,336
7. Other invested assets				
8. Receivables for securities				
9. Aggregate write-ins for invested assets	1,010,149	1,010,149		
10. Subtotals, cash and invested assets (Lines 1 to 9)	17,915,484	1,010,149	16,905,335	12,293,476
11. Title plants less \$ 0 charged off (for Title insurers only)				
12. Investment income due and accrued	380,731		380,731	358,420
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	1,066,091		1,066,091	1,156,198
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)				
13.3 Accrued retrospective premiums				
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers				
14.2 Funds held by or deposited with reinsured companies				
14.3 Other amounts receivable under reinsurance contracts				
15. Amounts receivable relating to uninsured plans				
16.1 Current federal and foreign income tax recoverable and interest thereon				
16.2 Net deferred tax asset	966,319		966,319	
17. Guaranty funds receivable or on deposit				
18. Electronic data processing equipment and software				
19. Furniture and equipment, including health care delivery assets (\$ 0 )				
20. Net adjustment in assets and liabilities due to foreign exchange rates				
21. Receivables from parent, subsidiaries and affiliates				
22. Health care (\$ 360,956 ) and other amounts receivable	447,684	369,767	77,917	
23. Aggregate write-ins for other than invested assets	81,520	81,520		
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	20,857,829	1,461,436	19,396,393	13,808,094
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26. Total (Lines 24 and 25)	20,857,829	1,461,436	19,396,393	13,808,094

DETAILS OF WRITE-INS				
0901. Escrow per state of TN	1,010,149	1,010,149		
0902.				
0903.				
0998. Summary of remaining write-ins for Line 09 from overflow page				
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 09 above)	1,010,149	1,010,149		
2301. Prepaid Expenses	81,520	81,520		
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	81,520	81,520		

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	1,433,414		1,433,414	
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses				
4. Aggregate health policy reserves				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued	243,707		243,707	204,304
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))	1,273,019		1,273,019	369,651
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)				
15. Amounts due to parent, subsidiaries and affiliates	58,476		58,476	58,476
16. Payable for securities				
17. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers and \$ 0 unauthorized reinsurers)				
18. Reinsurance in unauthorized companies				
19. Net adjustments in assets and liabilities due to foreign exchange rates				
20. Liability for amounts held under uninsured plans				
21. Aggregate write-ins for other liabilities (including \$ 0 current)	2,777,087		2,777,087	1,476,447
22. Total liabilities (Lines 1 to 21)	5,785,704		5,785,704	2,108,878
23. Aggregate write-ins for special surplus funds	XXX	XXX		
24. Common capital stock	XXX	XXX	200,000	200,000
25. Preferred capital stock	XXX	XXX	12,550,000	12,550,000
26. Gross paid in and contributed surplus	XXX	XXX		
27. Surplus notes	XXX	XXX		
28. Aggregate write-ins for other than special surplus funds	XXX	XXX		
29. Unassigned funds (surplus)	XXX	XXX	860,689	(1,050,784)
30. Less treasury stock, at cost:				
30.1 0 shares common (value included in Line 24 \$ 0 )	XXX	XXX		
30.2 0 shares preferred (value included in Line 25 \$ 0 )	XXX	XXX		
31. Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	13,610,689	11,699,216
32. Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	19,396,393	13,808,094

DETAILS OF WRITE-INS				
2101. PREMIUM TAX PAYABLE	1,066,091		1,066,091	1,156,198
2102. CLAIMS AUDIT	1,010,149		1,010,149	320,249
2103. MEDICARE LOW INCOME SUBSIDY	141,624		141,624	
2198. Summary of remaining write-ins for Line 21 from overflow page	559,224		559,224	
2199. Totals (Lines 2101 through 2103 plus 2198) (Line 21 above)	2,777,087		2,777,087	1,476,447
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX		
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	XXX	XXX		
2801.	XXX	XXX		
2802.	XXX	XXX		
2803.	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX		
2899. Totals (Lines 2801 through 2803 plus 2898) (Line 28 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date
	1	2	3
	Uncovered	Total	Total
1. Member Months	X X X	958,705	1,087,489
2. Net premium income (including \$ 0 non-health premium income)	X X X	3,003,376	
3. Change in unearned premium reserves and reserve for rate credits	X X X		
4. Fee-for-service (net of \$ 0 medical expenses)	X X X		
5. Risk revenue	X X X		
6. Aggregate write-ins for other health care related revenues	X X X	501,790	360,956
7. Aggregate write-ins for other non-health revenues	X X X		
8. Total revenues (Lines 2 to 7)	X X X	3,505,166	360,956
Hospital and Medical:			
9. Hospital/medical benefits		245,023	(84,071)
10. Other professional services		428,808	
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs		624,847	
14. Aggregate write-ins for other hospital and medical		1,433,414	
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)		2,732,092	(84,071)
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Lines 16 minus 17)		2,732,092	(84,071)
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 77,652 cost containment expenses		140,203	
21. General administrative expenses		(391,799)	(223,622)
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)			
23. Total underwriting deductions (Lines 18 through 22)		2,480,496	(307,693)
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	1,024,670	668,649
25. Net investment income earned		620,188	481,866
26. Net realized capital gains (losses) less capital gains tax of \$ 0			
27. Net investment gains (losses) (Lines 25 plus 26)		620,188	481,866
28. Net gain or (loss) from agents' or premium balances charged off [( amount recovered \$ 0 ) (amount charged off \$ 0 )]			
29. Aggregate write-ins for other income or expenses		(1,492,942)	
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	151,916	1,150,515
31. Federal and foreign income taxes incurred	X X X	903,368	185,444
32. Net income (loss) (Lines 30 minus 31)	X X X	(751,452)	965,071

DETAILS OF WRITE-INS			
0601. TENNCARE SHARED RISK REVENUE	X X X	501,790	360,956
0602.	X X X		
0603.	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	501,790	360,956
0701.	X X X		
0702.	X X X		
0703.	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.			
1402. MEDICARE MEDICAL ACCRUAL EXPENSE		1,433,414	
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		1,433,414	
2901. CLAIMS AUDIT / AMENDMENT 3		(1,492,942)	
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		(1,492,942)	

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	11,699,216	10,771,593	10,771,593
34. Net income or (loss) from Line 32	1,371,838	965,071	1,285,337
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	(95,335)	30,815	48,599
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	(966,319)		
39. Change in nonadmitted assets	1,601,289	(406,314)	(406,313)
40. Change in unauthorized reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in			
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	1,911,473	589,572	927,623
49. Capital and surplus end of reporting period (Line 33 plus 48)	13,610,689	11,361,165	11,699,216

DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

Cash from Operations	1 Current Year To Date	2 Prior Year Ended December 31
1. Premiums collected net of reinsurance	3,093,483	
2. Net investment income	620,188	336,036
3. Miscellaneous income	67,615	464,908
4. Total (Lines 1 to 3)	3,781,286	800,944
5. Benefit and loss related payments		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	1,502,629	(551,677)
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains (losses)		369,275
10. Total (Lines 5 through 9)	1,502,629	(182,402)
11. Net cash from operations (Line 4 minus Line 10)	2,278,657	983,346
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		45,309
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)		45,309
13. Cost of investments acquired (long-term only):		
13.1 Bonds		310,000
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		40,206
13.7 Total investments acquired (Lines 13.1 to 13.6)		350,206
14. Net increase (or decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)		(304,897)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	3,251,570	(237,553)
17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	3,251,570	(237,553)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	5,530,227	440,896
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	1,822,987	1,382,091
19.2 End of period (Line 18 plus Line 19.1)	7,353,214	1,822,987

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001.		
20.0002.		
20.0003.		

**REPORT #2A TENNCARE OPERATIONS STATEMENT OF REVENUE AND EXPENSE**  
Statement as of September 30, 2007 of UAHC Health Plan of TN Inc

		Current Period	Current Year to Date	Prior Calendar Year
	<b>MEMBER MONTHS</b>	313,892	956,152	1,418,559
	<b>REVENUES:</b>	-		
1.	TennCare Capitation	50,862,918	155,475,227	211,283,040
2.	Investment	254,875	609,587	638,027
3.	Other Revenue (Provide detail)	30,875,209	41,377,565	49,095,008
4.	<b>TOTAL REVENUES (Lines 1 to 3)</b>	81,993,002	197,462,379	261,016,075
	<b>EXPENSES:</b>			
	Medical and Hospital Services			
5.	Capitated Physician Services	1,629,647	4,817,407	6,161,715
6.	Fee-for-Service Physician Services	4,948,938	15,409,880	20,367,814
7.	Inpatient Hospital Services	11,276,676	36,094,303	53,067,885
8.	Outpatient Services	17,918,844	52,927,962	69,911,107
9.	Emergency Room Services	5,584,061	16,469,201	20,482,689
10.	Mental Health Services	-	-	-
11.	Dental Services	-	-	193
12.	Vision Services	411,982	1,183,336	1,717,426
13.	Pharmacy Services	-	-	-
14.	Home Health Services	370,679	1,271,972	1,714,794
15.	Chiropractic Services	-	-	-
16.	Radiology Services	1,022,267	3,128,255	4,611,431
17.	Laboratory Services	482,496	1,905,807	603,646
18.	Durable Medical Equipment Services	608,057	1,778,648	2,153,898
19.	Transportation Services	1,684,389	4,953,071	7,177,599
20.	Outside Referrals	-	-	-
21.	Medical Incentive Pool and Withhold Adjustments	-	-	-
22.	Occupancy, Depreciation, and Amortization	-	-	-
23.	Other Medical and Hospital Services (Provide detail)	31,138,828	41,377,565	52,229,218
24.	Subtotal (Lines 5 to 23)	77,076,865	181,317,407	240,199,415
25.	Reinsurance Expenses Net of Recoveries	-	-	-
	<b>LESS:</b>			
26.	Copayments	-	-	-
27.	Subrogation			(29,037)
28.	Coordination of Benefits	(163,127)	(645,127)	(819,643)
29.	Subtotal (Lines 26 to 28)	(163,127)	(645,127)	(848,680)
30.	<b>TOTAL MEDICAL AND HOSPITAL (Lines 24 and 25 less 29)</b>	76,913,738	180,672,279	239,350,735
	Administration:			
31.	Compensation	1,218,647	3,830,572	5,098,065
32.	Marketing		-	-
33.	Interest Expense	-	-	-
34.	Premium Tax Expense	1,142,189	3,497,743	4,582,658
35.	Occupancy, Depreciation and Amortization	152,401	189,362	564,523
36.	Other Administration (Provide detail)	2,452,669	8,612,042	10,129,197
37.	<b>TOTAL ADMINISTRATION (Lines 31 thru 36)</b>	4,965,907	16,129,718	20,374,443
38.	<b>TOTAL EXPENSES (Lines 30 and 37)</b>	81,879,645	196,801,998	259,725,178
39.	<b>NET INCOME (LOSS) (Line 4 less 38)</b>	113,357	660,381	1,290,897



Report #2A TENNCARE OPERATIONS STATEMENT OF REVENUE AND EXPENSE  
Statement as of September 30, 2007 of UAHC Health Plan of TN Inc

<u>Line 3 - Other Revenue</u>	Current Period	Current Year to Date	Prior Year
Administrative Fee Revenue from State	3,706,283	11,291,418	16,105,394
Revenue from State for Premium Tax	1,142,189	3,497,743	4,582,658
Miscellaneous Revenue	7,736	67,615	-
Shared Risk Revenue		501,790	360,956
Pharmacy Rebates	-	-	
IBNR	26,019,000	26,019,000	28,046,000
<b>Total</b>	<b>30,875,209</b>	<b>41,377,565</b>	<b>49,095,008</b>

Line 23 - Other Medical and Hospital Services

Other Referral/Specialist Services	5,119,828	7,323,648	24,258,134
Other	0	0	(74,916)
Physical Therapy	0	0	
IBNR	26,019,000	26,019,000	28,046,000
<b>Total</b>	<b>31,138,828</b>	<b>33,342,648</b>	<b>52,229,218</b>

Line 36 - Other Administration

Accounting Services	9,766.25	67,883.75	170,441.00
Legal Services	0.00	0.00	213.00
Professional Services	1,144,133.82	3,556,428.61	5,971,449.00
Board of Directors' Meetings	11,057.70	41,142.86	73,058.00
Outreach/Member Services	67,190	161,796	208,735
Bank Charges	4,259.11	15,555.29	2,642.00
Administrative Expenses	761,503.43	1,910,506.10	2,296,551.00
Consumables	101,584.14	317,248.24	310,030.00
Travel & Entertainment	14,877.32	106,233.21	162,764.00
Other Administrative Expenses	(50,499.10)	1,492,941.98	0.00
Provision for Income Taxes	381,644.76	903,368.42	887,106.00
Other Professional Services	7,151.25	38,937.50	46,208.00
<b>Total</b>	<b>2,452,668.67</b>	<b>8,612,041.85</b>	<b>10,129,197.00</b>

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	1,418,559								1,418,559	
2. First Quarter	318,073							335	317,738	
3. Second Quarter	325,021							499	324,522	
4. Third Quarter	315,611							1,719	313,892	
5. Current Year										
6. Current Year Member Months	958,705							2,553	956,152	
Total Member Ambulatory Encounters for Period:										
7. Physician	588,649							1,644	587,005	
8. Non-Physician	91,740							280	91,460	
9. Total	680,389							1,924	678,465	
10. Hospital Patient Days Incurred	52,766							1,150	51,616	
11. Number of Inpatient Admissions	10,739							53	10,686	
12. Health Premiums Written (a)	3,003,376							3,003,376		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,003,376							3,003,376		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,687,864							1,687,864		
18. Amount Incurred for Provision of Health Care Services	2,732,092							2,732,092		

(a) For health premiums written; amount of Medicare Title XVIII exempt from state taxes or fees \$ 3,003,376



# UNDERWRITING AND INVESTMENT EXHIBIT ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare		1,366,393		1,433,414		
7. Title XIX - Medicaid		(67,715)				
8. Other health						
9. Health subtotal (Lines 1 to 8)		1,298,678		1,433,414		
10. Healthcare receivables (a)				447,684		
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals		1,298,678		985,730		

(a) Excludes \$ 0 Loans or advances to providers not yet expensed.

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**NOTES TO FINANCIAL STATEMENTS**

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**1. Summary of Significant Accounting Policies****A. Accounting Practices**

The financial statements of UAHC Health Plan of Tennessee, Inc. are presented on the basis of accounting practices prescribed or permitted by the Tennessee Department of Commerce and Insurance.

The Tennessee Department of Commerce and Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Tennessee for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Tennessee Insurance Law. The National Association of Insurance Commissions' (the NAIC) *Accounting Practices and Procedures* manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Tennessee.

There are no reconciling items between the Company's net income and capital and surplus between NAIC SAP practices prescribed and permitted by the state of Tennessee.

**2. Accounting Changes and Corrections of Errors**

None

**3. Business Combinations and Goodwill**

None

**4. Discontinued Operations**

None

**5. Investments**

None

**6. Joint Ventures, Partnerships and limited Liability Companies**

None

**7. Investment Income**

None

**8. Derivative Instruments**

None

**9. Income Tax**

None

**10. Information Concerning Parent, Subsidiaries and Affiliates**

None

**11. Debt**

None

**12. Retirement Plans, Deferred Compensation, Post employment benefits and Compensated Absences and other Postretirement Benefit Plans**

None

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**NOTES TO FINANCIAL STATEMENTS**


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**13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi Reorganizations.**

None

**14. Contingencies**

None

**15. Leases**

No Change

**16. Off Balance Sheet Risk**

None

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments Of Liabilities.****C. Wash Sales**

None

**18. Gain or loss to the company from Uninsured A&H Plans and Uninsured Portion of Of Partially Insured Plans**

None

**19. Direct Premium Written/Produced by managing general agents/third party Administrators.**

None

**20. Other Items**

None

**21. Events Subsequent**

None

**22. Reinsurance**

Under an Agreement with an insurer for the Company's Medicare product, 90% of inpatient medical claim cost in excess of \$100,000 up to \$1,000,000 per enrollee for the plan year as defined, are paid by the insurer. Furthermore, our agreement with an insurer includes outpatient coverage that is limited to \$1,500 per day. During the third quarter of 2007, the Company had no medical claim cost paid under the stop-loss agreement. The Company paid premiums to the insurer totaling \$39,137 for the third quarter 2007.

**23. Retrospectively Rated Contracts**

None

**24. Organization and Operations**

None

**25. Salvage and Subrogation**

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## NOTES TO FINANCIAL STATEMENTS

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None

26. **Change in Incurred claims and Claim adjustment Expense**  
None

27. **Minimum Net Worth**

No Change

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☒
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2 If yes, date of change:
3. Have there been any substantial changes in the organizational chart since the prior quarter end?  
If yes, complete the Schedule Y - Part 1 - organizational chart.

Yes ☐ No ☒
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
If yes, attach an explanation.

Yes ☐ No ☒ N/A ☐
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

04/30/2005
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2004
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/31/2006
- 6.4 By what department or departments?
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC



GENERAL INTERROGATORIES (Continued)

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules, and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes [X] No [ ]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes [ ] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [ ] No [X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$

INVESTMENT

- 11.1 Has there been any change in the reporting entity's own preferred or common stock?

Yes [ ] No [X]
- 11.2 If yes, explain
- 12.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [ ] No [X]
- 12.2 If yes, give full and complete information relating thereto:
13. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$
14. Amount of real estate and mortgages held in short-term investments:

\$
- 15.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [ ] No [X]
- 15.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/ Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
15.21 Bonds	\$	\$
15.22 Preferred Stock	\$	\$
15.23 Common Stock	\$	\$
15.24 Short-Term Investments	\$	\$
15.25 Mortgage Loans on Real Estate	\$	\$
15.26 All Other	\$	\$
15.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 15.21 to 15.26)	\$	\$
15.28 Total Investment in Parent included in Lines 15.21 to 15.26 above	\$	\$

- 16.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [ ] No [X]
- 16.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?  
If no, attach a description with this statement.

Yes [ ] No [X]

GENERAL INTERROGATORIES (Continued)

17. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1-General, Section IV. H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [ ] No [X]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [ ] No [X]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes [X] No [ ]

18.2 If no, list exceptions: .....







SCHEDULE A - VERIFICATION  
Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Increase (decrease) by adjustment		
3. Cost of acquired		
4. Cost of additions to and permanent improvements		
5. Total profit (loss) on sales		
6. Increase (decrease) by foreign exchange adjustment		
7. Amount received on sales		
8. Book/adjusted carrying value at end of current period		
9. Total valuation allowance		
10. Subtotal (Lines 8 plus 9)		
11. Total nonadmitted amounts		
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)		

SCHEDULE B - VERIFICATION  
Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year		
2. Amount loaned during period:		
2.1 Actual cost at time of acquisitions		
2.2 Additional investment made after acquisitions		
3. Accrual of discount and mortgage interest points and commitment fees		
4. Increase (decrease) by adjustment		
5. Total profit (loss) on sale		
6. Amounts paid on account or in full during the period		
7. Amortization of premium		
8. Increase (decrease) by foreign exchange adjustment		
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period		
10. Total valuation allowance		
11. Subtotal (Lines 9 plus 10)		
12. Total nonadmitted amounts		
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)		

SCHEDULE BA - VERIFICATION  
Other Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year		
2. Cost of acquisitions during period:		
2.1 Actual cost at time of acquisitions		
2.2 Additional investment made after acquisitions		
3. Accrual of discount		
4. Increase (decrease) by adjustment		
5. Total profit (loss) on sale		
6. Amounts paid on account or in full during the period		
7. Amortization of premium		
8. Increase (decrease) by foreign exchange adjustment		
9. Book/adjusted carrying value of long-term invested assets at end of current period		
10. Total valuation allowance		
11. Subtotal (Lines 9 plus 10)		
12. Total nonadmitted amounts		
13. Statement value of long term invested assets at end of current period (Page 2, Line 7, Column 3)		

SCHEDULE D - VERIFICATION  
Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	7,445,153	7,140,257
2. Cost of bonds and stocks acquired		310,000
3. Accrual of discount		
4. Increase (decrease) by adjustment	2,106,968	(5,104)
5. Increase (decrease) by foreign exchange adjustment		
6. Total profit (loss) on disposal		
7. Consideration for bonds and stocks disposed of		
8. Amortization of premium		
9. Book/adjusted carrying value, current period	9,552,121	7,445,153
10. Total valuation allowance		
11. Subtotal (Lines 9 plus 10)	9,552,121	7,445,153
12. Total nonadmitted amounts		
13. Statement value	9,552,121	7,445,153

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1	2	3	4	5	6	7	8
	Book / Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book / Adjusted Carrying Value End of First Quarter	Book / Adjusted Carrying Value End of Second Quarter	Book / Adjusted Carrying Value End of Third Quarter	Book / Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1	9,486,433			65,688	7,475,144	9,486,433	9,552,121	7,445,153
2. Class 2								
3. Class 3								
4. Class 4								
5. Class 5								
6. Class 6								
7. Total Bonds	9,486,433			65,688	7,475,144	9,486,433	9,552,121	7,445,153
<b>PREFERRED STOCK</b>								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	9,486,433			65,688	7,475,144	9,486,433	9,552,121	7,445,153

- NONE      Schedule DA - Parts 1' and 2
- NONE      Schedule DB - Part F - Section 1
- NONE      Schedule DB - Part F - Section 2



**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

[illegible]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

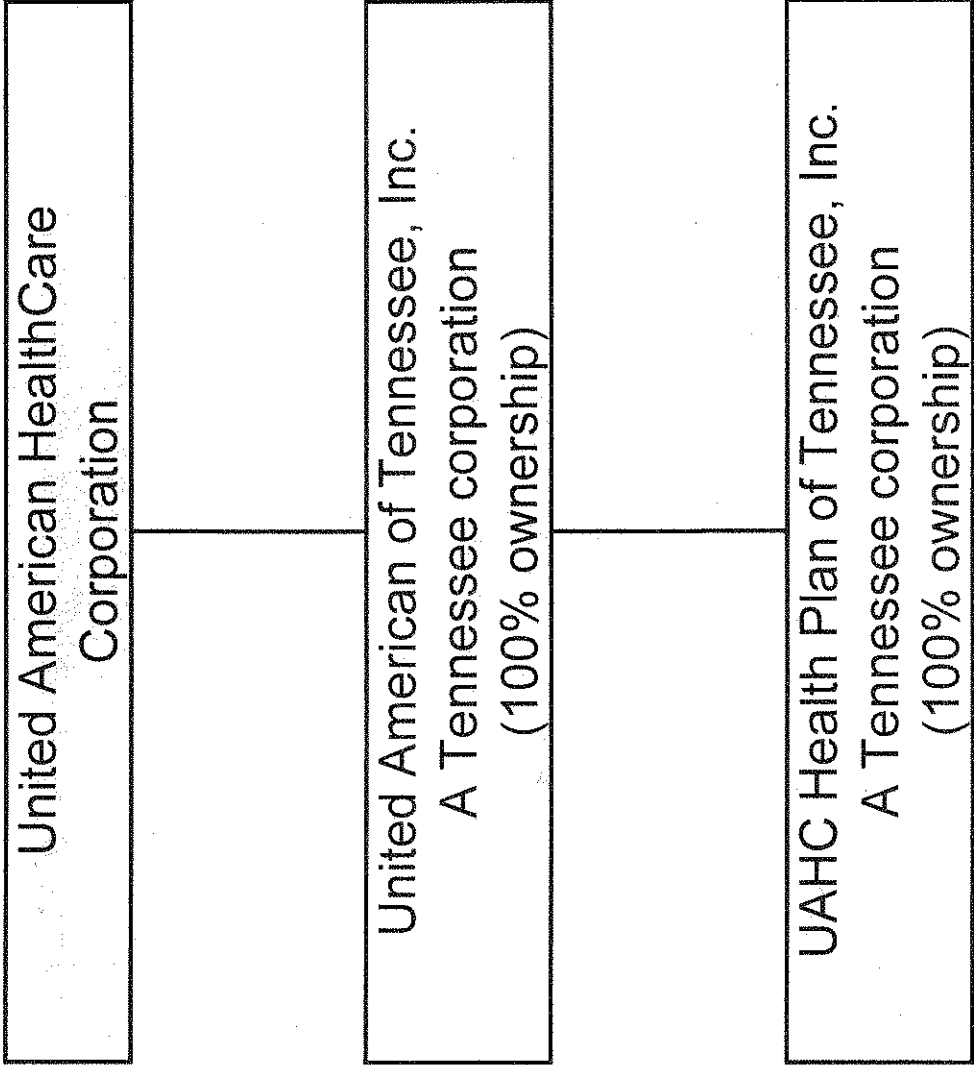
Current Year to Date - Allocated by States and Territories

		1	Direct Business Only Year To Date							
			2	3	4	5	6	7	8	9
State, Etc.		Is Insurer Licensed (Yes or No)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty/ Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL NO								
2.	Alaska	AK NO								
3.	Arizona	AZ NO								
4.	Arkansas	AR NO								
5.	California	CA NO								
6.	Colorado	CO NO								
7.	Connecticut	CT NO								
8.	Delaware	DE NO								
9.	Dist. Columbia	DC NO								
10.	Florida	FL NO								
11.	Georgia	GA NO								
12.	Hawaii	HI NO								
13.	Idaho	ID NO								
14.	Illinois	IL NO								
15.	Indiana	IN NO								
16.	Iowa	IA NO								
17.	Kansas	KS NO								
18.	Kentucky	KY NO								
19.	Louisiana	LA NO								
20.	Maine	ME NO								
21.	Maryland	MD NO								
22.	Massachusetts	MA NO								
23.	Michigan	MI NO								
24.	Minnesota	MN NO								
25.	Mississippi	MS NO								
26.	Missouri	MO NO								
27.	Montana	MT NO								
28.	Nebraska	NE NO								
29.	Nevada	NV NO								
30.	New Hampshire	NH NO								
31.	New Jersey	NJ NO								
32.	New Mexico	NM NO								
33.	New York	NY NO								
34.	North Carolina	NC NO								
35.	North Dakota	ND NO								
36.	Ohio	OH NO								
37.	Oklahoma	OK NO								
38.	Oregon	OR NO								
39.	Pennsylvania	PA NO								
40.	Rhode Island	RI NO								
41.	South Carolina	SC NO								
42.	South Dakota	SD NO								
43.	Tennessee	TN YES		3,003,376					3,003,376	
44.	Texas	TX NO								
45.	Utah	UT NO								
46.	Vermont	VT NO								
47.	Virginia	VA NO								
48.	Washington	WA NO								
49.	West Virginia	WV NO								
50.	Wisconsin	WI NO								
51.	Wyoming	WY NO								
52.	American Samoa	AS NO								
53.	Guam	GU NO								
54.	Puerto Rico	PR NO								
55.	U.S. Virgin Islands	VI NO								
56.	Northern Mariana Islands	MP NO								
57.	Canada	CN NO								
58.	Aggregate other alien	OT X X X								
59.	Subtotal	X X X		3,003,376					3,003,376	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	Total (Direct Business)	(a) 1		3,003,376					3,003,376	

DETAILS OF WRITE-INS									
5801.									
5802.									
5803.									
5898.	Summary of remaining write-ins for Line 58 from overflow page								
5899.	Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)								

(a) Insert the number of yes responses except for Canada and other Alien.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

YES

EXPLANATION:

BAR CODE:

OVERFLOW PAGE FOR WRITE-INS

Page 3 - Continuation  
LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
REMAINING WRITE-INS AGGREGATED AT LINE 21 FOR OTHER LIABILITIES				
2104. Due to/(from) State	559,224		559,224	
2105.				
2106.				
2107.				
2108.				
2109.				
2110.				
2111.				
2112.				
2113.				
2114.				
2115.				
2116.				
2117.				
2118.				
2119.				
2120.				
2121.				
2122.				
2123.				
2124.				
2125.				
2197. Totals (Lines 2104 through 2125) (Page 3, Line 2198)	559,224		559,224	
REMAINING WRITE-INS AGGREGATED AT LINE 23 FOR SPECIAL SURPLUS FUNDS				
2304.	XXX	XXX		
2305.	XXX	XXX		
2306.	XXX	XXX		
2307.	XXX	XXX		
2308.	XXX	XXX		
2309.	XXX	XXX		
2310.	XXX	XXX		
2311.	XXX	XXX		
2312.	XXX	XXX		
2313.	XXX	XXX		
2314.	XXX	XXX		
2315.	XXX	XXX		
2316.	XXX	XXX		
2317.	XXX	XXX		
2318.	XXX	XXX		
2319.	XXX	XXX		
2320.	XXX	XXX		
2321.	XXX	XXX		
2322.	XXX	XXX		
2323.	XXX	XXX		
2324.	XXX	XXX		
2325.	XXX	XXX		
2397. Totals (Lines 2304 through 2325) (Page 3, Line 2398)	XXX	XXX		
REMAINING WRITE-INS AGGREGATED AT LINE 28 FOR OTHER THAN SPECIAL SURPLUS FUNDS				
2804.	XXX	XXX		
2805.	XXX	XXX		
2806.	XXX	XXX		
2807.	XXX	XXX		
2808.	XXX	XXX		
2809.	XXX	XXX		
2810.	XXX	XXX		
2811.	XXX	XXX		
2812.	XXX	XXX		
2813.	XXX	XXX		
2814.	XXX	XXX		
2815.	XXX	XXX		
2816.	XXX	XXX		
2817.	XXX	XXX		
2818.	XXX	XXX		
2819.	XXX	XXX		
2820.	XXX	XXX		
2821.	XXX	XXX		
2822.	XXX	XXX		
2823.	XXX	XXX		
2824.	XXX	XXX		
2825.	XXX	XXX		
2897. Totals (Lines 2804 through 2825) (Page 3, Line 2898)	XXX	XXX		

NONE	Schedule A - Part 2 and 3
NONE	Schedule B - Part 1 and 2
NONE	Schedule BA - Part 1 and 2
NONE	Schedule D - Part 3
NONE	Schedule D - Part 4
NONE	Schedule DB - Part A and B - Section 1
NONE	Schedule DB - Part C and D - Section 1



NONE      Schedule E - Part 2





00000200736500103

MEDICARE PART D COVERAGE SUPPLEMENT

For the Quarter Ended September 30, 2007

NAIC Group Code 0000

NAIC Company Code 00000

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected	683,803	XXX		XXX	683,803
2. Earned Premiums		XXX		XXX	XXX
3. Claims Paid	624,847	XXX		XXX	624,847
4. Claims Incurred		XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	XXX		XXX		
6. Aggregate Policy Reserves - Change		XXX		XXX	XXX
7. Expenses Paid		XXX		XXX	
8. Expenses Incurred		XXX		XXX	XXX
9. Underwriting Gain or Loss		XXX		XXX	XXX
10. Cash Flow Results	XXX	XXX	XXX	XXX	58,957

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ 0 due from CMS or \$ 0 due to CMS

2007 QUARTERLY DISKETTE TRANSMITTAL FORM AND CERTIFICATION (HEALTH)

Name of Insurer UAHC Health Plan of Tennessee Inc

Date 00000000 FEIN 62-1547197

NAIC Group # 0000 NAIC Company # 00000

THIS FORM IS REQUIRED FOR ALL DISKETTE TRANSMITTALS. PLEASE PROVIDE ANY ADDITIONAL COMMENTS  
THAT MAY HELP TO IDENTIFY DISKETTE CONTENT

A.		1st Qtr	2nd Qtr	3rd Qtr
	1. Is this the first time you've submitted this filing? (Y/N)	N	N	N
	2. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N)	N	N	N
	3. Is this being re-filed due to changes to the data originally filed? (Y/N) (If "YES," ENCLOSE HARD COPY PAGES FOR THE CHANGES.)	N	N	N
	4. Other? (Y/N) (If "yes," attach an explanation.)	N	N	N

B. Additional comments if necessary for clarification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Diskette Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

D. Software Vendor: Financial Software Innovations, Inc.

Version: 2007.0

E. Have material validation failures been addressed in the explanation file?

Yes \_\_\_\_\_ No XXX

F. The undersigned hereby certifies, according to the best of his/her knowledge and belief: that the diskettes submitted with this form were prepared in compliance with NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that quarterly statement information required to be contained on diskette is identical to the information in the 2007 Quarterly Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes submitted have been scanned through a virus detection software package, and no viruses are present on the diskette(s). The virus detection software used was

(Name) \_\_\_\_\_ (Version Number) \_\_\_\_\_

(Signed) \_\_\_\_\_

Type Name and Title \_\_\_\_\_

\*\*\* PRINT ON LETTER SIZE PAPER OR CUT ON DOTTED LINE \*\*\*